Clinical Quality Measures Reporting Guidance 2014

Clinical Performance Measures: required reporting for Montana Patient Centered Medical Homes, 2014-2016

In Montana, Patient-Centered Medical Homes (PCMH) are qualified by the Commissioner of Securities and Insurance (CSI). Certain reporting requirements for PCMHs have been established by the CSI. One of the reporting requirements involves clinical performance measures. The PCMH clinical performance measures and the method to measure recommended by the PCMH Stakeholder Council and established by the CSI are described in the attached document.

The four clinical performance measures are:

1. Blood pressure control in adults with diagnosis of hypertension
2. Identification of tobacco use and counseling for cessation in adults
3. Immunization for children aged 3 years
4. A1C control in adults with diagnosis of diabetes

Each PCMH is required to report these measures to CSI by August 15, 2014

Method for measuring and reporting of blood pressure control in adult population with diagnosed hypertension

Measurement Options	Measurement method and reporting requirement
A. For PCMH with EHR that allows identification of both denominator and numerator	1. Denominator: all adults aged 18 to 85 years in the PCMH patient population who (a) have the Dx = hypertension, and (b) had one or more outpatient or inpatient visit during the reporting period: calendar year 2013 2. Numerator: number of these adults for whom documented blood pressure at time of most recent outpatient visit during the reporting period was systolic ≤140 mmHg and diastolic ≤ 90 mmHg 3. REPORT by attestation by responsible PCMH official: n(#), d(#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the denominator Note if blood pressure not documented during most recent outpatient visit, then blood pressure not controlled for this measure
B. For PCMH that opts to augment the EHR with the billing system to identify total denominator and use CSI - specified sampling strategy to identify denominator for measurement and use chart review to measure performance	1. Total denominator: all adults aged 18 to 85 years in the PCMH patient population who (a) have the Dx = hypertension, and (b) had one or more outpatient or inpatient visit during the reporting period: calendar year 2013 2. CSI required sampling strategy to select denominator for measurement: see Table 2 3. Numerator: number of these adults for whom documented blood pressure at time of most recent outpatient visit during the reporting period was systolic ≤ 140 mmHg and diastolic ≤ 90 mmHg 4. REPORT by attestation by responsible PCMH official: n(#), d(#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the numerator population Note if blood pressure not documented during most recent outpatient visit, then blood pressure not controlled for this measure

Method for measuring and reporting of identification of tobacco use and counseling for cessation in adults

Measurement Options	Measurement method and reporting requirement
A. For PCMH with EHR that allows identification of both denominator and numerator	1. Denominator: all adults aged 18 years and older in the PCMH patient population who had two or more visits for any reason, or who had one preventive care visit during the reporting period: calendar year 2013 2. Numerator: number of these adults documented to be tobacco users during the measurement period and who received brief tobacco cessation counseling, pharmacotherapy or referral to the MT Tobacco Quitline 3. REPORT by attestation by responsible PCMH official: d(#), n-status (#), n-smoker (#), n-counseling (#), n-cessation medications (#), n-referred (#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the denominator
B. For PCMH that opts to use patient registration system to identify total denominator and use CSI-specified sampling strategy to identify denominator for measurement and use chart review to measure performance	1. Total denominator: all adults aged 18 years and older in the PCMH patient population who had two or more visits for any reason, or who had one preventive care visit during the reporting period: calendar year 2013 2. CSI required sampling strategy to select denominator for measurement: see Table 2 3. Numerator: number of these adults documented to be tobacco users during the reporting period and who received brief tobacco cessation counseling, pharmacotherapy or referral to the MT Tobacco Quitline 4. REPORT by attestation by responsible PCMH official: d(#), n-status (#), n-smoker (#), n-counseling (#), n-cessation medications (#), n-referred (#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the denominator

Method for measuring and reporting of age-appropriate immunization for children who were aged 3 during the reporting period

Measurement Options	Measurement method and reporting requirement
A. For PCMH with EHR that allows identification of both denominator and numerator	1. Denominator: all children in the PCMH population whose 3rd birthday occurred from January 1 to December 31, 2013 and who had one or more outpatient or inpatient visits during calendar year 2013 2. Numerator: number of these children who had received all age-appropriate immunizations at the time of the most recent outpatient visit (see Table 1 for list of immunizations) 3. REPORT by attestation by responsible PCMH official: n(#), d(#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the denominator Note if there is documentation that a child has a medical contraindication for an immunization, data for that child will be excluded from both numerator and denominator
B. For PCMH that opts to use patient registration system to identify total denominator and use CSI-specified sampling strategy to identify denominator for measurement and use chart review to measure performance	1. Total denominator: all children in the PCMH population whose 3rd birthday occurred from January 1 to December 31, 2013 and who had one or more outpatient or inpatient visits during calendar year 2013 2. CSI required sampling strategy to select denominator for measurement: see Table 2 3. Numerator: number of these children who had received all age-appropriate immunizations at the time of the most recent outpatient visit (see Table 1 for list of immunizations) 4. REPORT by attestation by responsible PCMH official: n(#), d(#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the denominator Note if there is documentation that a child has a medical contraindication for an immunization, data for that child will be excluded from both numerator and denominator

Method for measuring and reporting of inadequate A1C control in adults with diagnosed diabetes

Measurement Options	Measurement method and reporting requirement
A. For PCMH with EHR that allows identification of both denominator and numerator	1. Denominator: all adults aged 18 to 75 years in the PCMH patient population who (a) have the Dx = diabetes mellitus (type 1 or type 2), and (b) had one or more outpatient or inpatient visit during calendar year 2013 2. Numerator: number of these adults for whom the most recent documented A1C during the reporting period was > 9.0% 3. REPORT by attestation by responsible PCMH official: n(#), d(#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the denominator Note if A1C not documented during the measurement period, then AIC not controlled for this measure
B. For PCMH that opts to augment the EHR with the billing system to identify total denominator and use CSI-specified sampling strategy to identify denominator for measurement and use chart review to measure performance	1. Total denominator: all adults aged 18 to 75 years in the PCMH patient population who (a) have the Dx = diabetes mellitus (type 1 or type 2), and (b) had one or more outpatient or inpatient visit during calendar year 2013 2. CSI required sampling strategy to select denominator for measurement: see Table 2 3. Numerator: number of these adults for whom the most recent documented A1C during the reporting period was > 9.0% 4. REPORT by attestation by responsible PCMH official: n(#), d(#), date of assessment; and an electronic file with the variables on Table 1 for each patient in the numerator population Note if A1C not documented during the measurement period, then AIC not controlled for this measure

Table 1: Variable for electronic file required for reporting state-specific measures for PCMHs, Montana 2014

MEASURE	VARIABLE	DESCRIPTION
Blood pressure control: adults with hypertension	# for this assessment	3 digits to identify the PCMH; 4 digits (from 0001 to n) to specify patient's sample #
	Sex	M or F
	DOB	mo, da, yr
	Systolic BP	___ ___ ___ (3 digit field) recorded at most recent oupt. visit
	Diastolic BP	___ ___ ___ (3 digit field) recorded at most recent oupt. visit
Smoking cessation: adults aged 18 and older	# for this assessment	3 digits to identify the PCMH; 4 digits (from 0001 to n) to specify patient's sample #
	Sex	M or F
	DOB	mo, da, yr
	Smoking Status: current tobacco user	Y, N
	If tobacco user,	
	Cessation counseling	Y, N
	Pharmacotherapy	Y, N
	Referral to MT Tobacco Quitline	Y, N
Age appropriate immunization: children aged 3 years	# for this assessment	3 digits to identify the PCMH; 4 digits (from 0001 to n) to specify patient's sample #
	4 DTAP	Y, N, MC [MC= Medical contraindication]
	3 Polio	Y, N, MC
	1 MMR	Y, N, MC
	3 Hib	Y, N, MC
	3 Hep B	Y, N, MC
	1 Var	Y, N, MC
	4 PCV	Y, N, MC
A1C control: adults with diabetes	# for this assessment	3 digits to identify the PCMH; 4 digits (from 0001 to n) to specify patient's sample #
	Sex	M or F
	DOB	mo, da, yr
	A1C	___ ___ . ___ (2 digits, decimal, 1 digit)

Table 2: CSI required sampling strategy for PCMH that opts to use measurement Option B

Brief statement of required method: For a PCMH that opts to use measurement Option B, the CSI requires the use of a random sample of patients with the number of patients in the final sample at least 400. One practical strategy to select a random sample (random start, systematic sample) is described below.

Background: A systematic sample of patients can be identified by preparing a list of all eligible patients (e.g., all adults with the diagnosis of hypertension or all children aged 3 years), and then selecting every X^{th} patient (i.e., systematically). To avoid one possible bias in method the first patient selected from the list is identified at random. This method is simple to execute and assures the eligible patient population will be evenly sampled.

Step-by-step: A PCMH that opts to use measurement Option B could use the following steps to identify the patient sample for review.

1. Prepare a list of patients eligible for the measurement e.g., for the adult blood pressure control measure prepare list of all adult patients aged 18 to 85 years who have a diagnosis of hypertension.

2. Determine the systematic selection interval needed to derive a final sample size of at least 400. This can be done by counting the number of patients on the eligible list and dividing that number by 400. E.g., if the number of adult patients with diagnosis of hypertension were 1200, divide 1200 by 400 and the systematic selection interval would be every 3rd patient on the list.

3. Begin the systematic sample selection with a randomly selected patient. A quick, practical way to determine a random start for sample selection is to draw-a-number-from-the-hat where the numbers-in-the-hat are determined by the selection interval. E.g., if the systematic selection interval were 3 (i.e., select every 3rd patient) then use 3 small pieces of paper. Write 1 on one piece of paper, 2 on another piece of paper and 3 on another. Place these papers in a hat (or other container) and have someone draw one piece of paper from the hat. If the number on the paper drawn-from-the-hat were 2 then the sample selection would start with the 2nd patient on the patient list and proceed to every 3rd patient from that start point. If the systematic selection interval were 5 then 5 pieces of paper would go-into-the-hat; if the selection interval were 9 then 9 pieces of paper.

   There are alternate strategies to determine a random start including use of software applications. As long as the systematic sampling process begins with a random start, the CSI requirement will be met. Consultation regarding methods to select a random sample is available from Carol Ballew, Ph.D., State Epidemiologist at cballew@mt.gov or 406-444-6988.

4. Select the 400 (at least 400) patients whose medical records will be reviewed to establish the clinical performance measure.